U.S. Department U. Labor Office of Labor-Management Standards Washington, E.C. (2210)

For Official Lase Qny

Street 500 Quapper Ave

5 Position in labor organization

City TulsA

State OK

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under PIL 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440

E 10 400	ICTIONS CAREFULLY BEFORE PREPARING THIS REPORT.
1 File Number U- 6341	2. Fiscal Year Covered From: Olor Through: 12/31/04
3 Name and address of person filing. Name Bill R Eder	4. Name, file number, and address of labor organization. Name Plumbers & PiPerintes Local 430 Labor Organization File Number 540 908
P O Box, Bldg . Room No . if any	P O. Box, Building and Room Number, if any

Street 1908 N. HAZVADAVE,

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests

MANAGER

Enter appropriate data below it, during the p	(except as specified in t	he exclusions set forth in the instructions):
A Held an interest in, engaged in transactio monetary value from an employer whose of	ns (including loans) w employees your org	vith, or derived income or other economic benefit of anization represents or is actively seeking to represent.
6 Name and address of Employer (including trad	le name if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any		
P O Box, Bldg , Room No., if any		7.b. Amount.
Street		
City		
State ZII	P Code + 4	
		Signature

15. Signature and verification. The undersigned decrares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and benef, true correct and complete (See the section on penalties in the instructions.)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name Tulsa Pipe TRAdes TRAINING School

Trade Name, if any

PO Box Bldg, Room No., if any

Street 8602 EAT 468T.

City Tulsa

State

ZIP Code +

74115-2404

10. If 9 b, or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any

PC Box Bidg Room No , if any

Street

City

State

ZIP Code - 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

LOCAL MINION NEGOTIATES CONTRACTORS
Afrecements with Signatury Contractors
Requiring Contributions TO the Training
School.

11.b. Approximate dollar value of such dealing. பல் (லாப்பட்

12.a. Nature of interest held or income received.

6130104

Meal For reviou Trustee AT Hollywood Prime. Hollywood FloriDA

12.b. Amount.

14.a. Nature of payment.

149.24

$\hat{\Box}$	Received from any employer (other than an employer covered under parts A and B above	9)
or	from any labor relations consultant to an employer any payment of money or other thing of value.	

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name If any

FO Box Bldg Room No. fany

Street

€ ty

State

ZIP Code + 4

13 bill sithe Business an Employer

or Consultant

2

14 b. Amount of payment